

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000084912

Entity Name: CCRC ENTERPRISES INC.

**FILED**  
**Oct 02, 2007**  
**Secretary of State**

### **Current Principal Place of Business:**

7900 SW 137 CT  
MIAMI, FL 33183 US

### **New Principal Place of Business:**

### **Current Mailing Address:**

2016 NE 8 STREET  
HOMESTEAD, FL 33033 US

### **New Mailing Address:**

FEI Number: 74-3057513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

SALAS, MARCIA  
7900 SW 137 CT  
MIAMI, FL 33183 US

### **Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SALAS, MARCIA  
Address: 7900 SW 137 CT  
City-St-Zip: MIAMI, FL 33183 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SALAS, MARCIA  
Address: 7900 SW 137 CT  
City-St-Zip: MIAMI, FL 33183 US

Title: VPD ( ) Change (X) Addition  
Name: BOTTICELLI, XAVIER  
Address: 7771 NW 7 ST APT 107  
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA SALAS

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10/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date